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Original Articles.

ELECTRICAL TREATMENT OF FIBROID TUMOR OF THE UTERUS.

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[Read before the Homœopathic Medical Society of the County of San Diego, Cal.]

MR. PRESIDENT, LADIES AND GENTLEMEN:—I submit for your attention and discussion this evening an experience in the treatment of a fibroid tumor of the uterus, with high intensities of electricity, according to the method of G. Apostoli, M. D., of Paris.

This treatment having been followed by a most unlooked-for, but happy result, which has, to my knowledge, never been made public, I deem it of sufficient general interest to warrant presentation.

This case made the subject of fibroid tumor an especial study with me for consecutive months, and I will introduce it by a brief resumé of myo-fibromata in general.

“Fibroid tumor of the uterus,” says T. Gaillard Thomas, “is one of the most frequent pathological conditions to which this organ is subject.” Mr. Clintock writes, “without question the most frequent organic disease of the uterus, if we except inflammation and its effects, is fibroid tumor.” Bayle estimated that of women dying beyond thirty-five years of

age, twenty per cent. were thus affected. Klob, in speaking of their frequency, says: "At the climacteric period it is such that undoubtedly forty per cent. of the uteri of females who die after the fiftieth year contain fibroid tumors."

However well established their frequency, their cause is another matter. Sir Charles Clark wrote in 1814: "Nothing is known respecting the cause of this disease;" and Thomas, commenting upon this statement, in 1874, sorrowfully adds, "sixty years of research have thrown no light upon its etiology."

Thomas teaches that the condition preceding and producing fibroid growth is a localized hypertrophy of the parenchyma, and that the neoplasm consists of the hypertrophied elements of the uterus, "to which organ it is strictly homologous." Recent pathological investigators, however, declare that connective tissue preponderates in their construction; but Thomas maintains that there is always a certain degree of muscular hypertrophy concerned in their development, and that in some cases it exceeds the amount of connective tissue in their make-up.

The benignity of these growths is now generally conceded, although no less than half a dozen eminent gynæcologists, including such names as Atlee and Simpson, Virchow and Klob, believe that malignant degeneration does, in rare instances, occur, including carcinomatous, as well as sarcomatous. Thomas writes, in his consideration of this claim, "It is a fact worthy of note that the negress, in whom fibroid tumors are so common as to be regarded by some as almost universally met with, after the thirtieth year carcinomatous affections of the uterus are very rarely seen."

These growths are divided by Klob into simple and compound, according to their structure; the simple consisting of a single tumor, the compound of several grouped in one mass by loose connective tissue.

Clinically, there are three varieties, according to location. If imbedded in the uterine wall they are known as interstitial; if without, under the peritoneum, as subserous; if within the uterine cavity, under the mucous membrane, as submucous.

Symptomatically, they are again classified by Apostoli into hemorrhagic and non-hemorrhagic.

In size and shape these neoplasms vary from the outline of a marble to an irregular compound mass weighing fifty pounds, which obliterated in its development nearly every sign of the original organ.

The symptoms are "menorrhagia; metrorrhagia; irritability of bladder and rectum; pain throughout pelvis; uterine tenesmus; profuse leucorrhea; dysmenorrhea; signs of pressure on crural nerves and vessels; and watery discharge from the uterus."

Diagnosis, in most cases, after a certain size has been attained, is not as difficult as it might at first appear; and if we consider closely the points in differentiation from the conditions they are likely to be confounded with, the matter of their presence is quite easily settled.

The first of these, according to Thomas' classification, is "pregnancy, in which amenorrhoea and the usual signs of utero-gestation are found, with a softer, more symmetrical tumor, more uniformly in the median line, than a fibroid presents."

2. "Cellulitis, in which the tumor appears suddenly, with fever, and fixes the uterus. It is very sensitive and generally immovable. A fibroid tumor is in every respect quite the opposite of this."

3. Hematocele, which is in most respects like the above, with more violent symptoms, a tumor at first semi-fluid, and accompanied by tympanites, and constitutional disturbance.

4. Flexions, which may be detected by the probe, conjoined manipulations, etc.

5. Fecal impaction, in which the tumor may be indented by pressure, and is accompanied by intestinal pain and disturbance.

6. But, between the subserous, uterine fibroid, and the solid ovarian tumor, we encounter the *greatest* difficulty in diagnosis. The ovarian tumor is unaccompanied by menorrhagia; it can be pushed from side to side without affecting position of uterus, as ascertained by vaginal touch; and it is less affected by movement of uterus with sound. But when a solid ovarian is firmly attached to uterus differentiation is out of the question.

However, I was not driven to my books for points on dif-

ferentiation by the case in question. The patient had herself made the discovery that some solid substance was presenting at the external os uteri before she sent for me; and my first look disclosed the os dilated to the size of a silver five cent piece, with the glistening white fibres of a fibroid beyond, revealing at a glance what it was, and that it had already, in part, at least, escaped its capsule. Very little exploration revealed a tumor the size of a foetal head at six to seven months, and the first question was not what we had, but how to get rid of it.

The history of the case is, premature delivery thirteen years before from a very unusual and distressing pregnancy, whose most prominent feature was a peculiar lameness, which sent the patient hopping about on one foot in a most characteristic manner, for weeks before confinement. Delivery was followed by puerperal fever, and a puerperal mania, which clung to the patient for years. That this head trouble was reflex, and due to what was diagnosed as subinvolution, was the opinion of the many physicians who examined the case. (I feel bound to state, however, that the physicians of the Utica Asylum for the Insane, to whom the patient finally appealed, diagnosed distinct cerebral meningitis.) But there was uterine trouble enough, no doubt, and for a number of years before the discovery of the tumor, retroflexion, distinctly discernable, per rectum, had been considered the chief cause.

For several months preceding my acquaintance with the case, the patient had been subject to severe and prolonged attacks of hemorrhage, as well as a good deal of watery discharge; but her age being forty-five, all had been attributed to the menopause.

My theory is this: That the tumor existed as an interstitial, at the time of the pregnancy, and that the infringement upon the crural nerve which transpired between it and the foetus, caused the lameness; and that to its presence was attributed the mental depression and other unusual symptoms attending the gestation.

After delivery there was, of course, a degree of repression, corresponding to the uterine involution, while the subinvolution and retroflexion subsequently diagnosed were due

to its presence in the walls of the fundus, to which its pedicle was later found to be attached.

"An interstitial fibroid," to again quote Thomas, "excites uterine contractions, which in time usually extrude it." In this fact, *uterine contractions*, we find the cause of the premature delivery, as well as later the presence of the neoplasm in the uterine cavity, with hemorrhage, hydrorrhea, and all the distinctive features of a sub-mucous fibroid.

The patient was an intelligent lady, who, having had all her life access to a medical library, soon knew as much about her case as any of us. Removal, by all means, was studied and discussed; but the uterine wall hugged the neoplasm so snugly that any effort to determine the location or area of the attachment was deemed imprudent. Whether or not it had passed beyond the indications for Thomas' *spoonlaw* could only be guessed at. All other means seemed so hazardous that a course of palliative treatment was agreed upon, and as Prof. Hilderbrandt's success with ergot appeared to hold most promise, that was adopted. Not subcutaneously, however, as the patient bore it well by mouth, and preferred to take it in that manner.

Through the two-fold capacity of ergot (first, as a contractor of uterine tissue, and second, of arterial), we hoped with it to deal a double-edged blow, diminishing nutrition, both by a narrowing of the area of attachment, and by a reduction of the blood supply; thus arresting its growth, if not causing regression by fatty degeneration, until the menopause, with its law of atrophy, should come to the rescue.

We expected, also, that the action of the drug upon both uterus and blood vessels would decrease the hemorrhage, and through diminished vascularity, the watery discharge as well. But our hopes were doomed to disappointment. Both gained ground upon the treatment, and it soon became too apparent that other means must be resorted to, or the patient left to die of exhaustion and exsanguinity. About this time (the fall of '87) there appeared in the *Medical Record* of New York city an original paper by G. Apostoli of Paris, setting forth very definitely and clearly his method of the "Treatment of Fibroid Tumors of the Uterus by Electricity," with an appendix of the most remarkable statistics, covering

the preceding five years. This plan of treatment, and the ends sought to be attained thereby, were so different from that of ordinary electrolysis, as practiced by Cutter and others, that taken with the statistics, it commanded the confidence of the patient, and she herself decided that our next effort should be with the battery.

The intense current employed by Apostoli, varying from 50 to 150, and even 250, milliampires, and hitherto considered intolerable, is borne by rendering the cutaneous pole innocuous, or nearly so. This is accomplished by Apostoli, by using a large abdominal electrode of wetted clay; but Dr. Franklin H. Martin of Chicago, who had been experimenting with and writing upon the method, had devised an abdominal electrode which fills all the conditions of the clay, and is much more convenient, which we procured. It consists of a large concave disk of soft metal, over which an animal membrane is loosely stretched, and securely fastened at the run, the interspace being filled with warm water or salt and water.

The active pole, whether positive or negative, is always intra-uterine, or else enters by puncture with steel trocars, through the vaginal wall when necessary, into the substance of the tumor itself.

The first end sought in the hemorrhagic variety is always galvanic cauterization, for the arrest of the hemorrhage. This is identical in its effects with chemical cauterization, or that of the actual cautery. With the negative pole, says Martin, we secure a cauterization similar to that produced by an alkali; with the positive, that resembling an acid.

This he explains by saying, "if we plunge into any electrode the two poles of a battery, decomposing the fluid by the passage of the current through it, we shall see the acid radicals gather about and attack the positive pole, while a similar effect is witnessed with the alkaline radicals at the negative pole. And it is just this effect we get at the positive or negative pole of our battery, when, in the form of a metal electrode, it is brought in contact with the mucous membrane of the womb."

Dr. Martin has also constructed various sizes of peculiar internal electrodes (platinum wire wound upon flexible cop-

per, copper core), whose active surfaces are exactly defined, and can be so graduated, by a rubber insulating muff, that the operator cannot fail to know to a fraction the surface cauterized at a *seance*, or when the entire uterine canal has been covered. This sectional work, he claims, not only secures a more perfect uniformity of effect, but fails to produce the slightest pain upon the most sensitive.

Although cauterization with either pole is unquestioned, Apostoli says, "the arrest of hemorrhage must always be sought with the positive pole. It is a marked hæmostatic, while the negative pole always induces local congestion."

But in the given case, although hemorrhage was our worst foe, the uterine canal, as before stated, was so completely filled up by the tumor that no attempt at cauterization was possible, and we made our effort with only the atrophic and electrolytic effects in view.

"Atrophic effect," says Dr. Martin, "is the name I will take the liberty of giving to a peculiar influence that is often noticed after the use of electricity on fibroid growths, which I am unable to account for in any other way than as an effect upon the trophic nerves, upon which these tumors must depend for their nutrition. There are examples of rapid total disappearance of fibroids of considerable size after one or two applications of strong currents; and examples of others have continued to gradually atrophy for months after one application, but which have not entirely disappeared. This peculiar effect cannot be attributed to electrolysis, because electrolysis ceases to effect a diminution in size, as soon as the *ions* set free by the process are absorbed; which would not be likely to require more time than a very few hours. The local effect of the poles cannot account for the fact, because it has been observed where the poles had never come in contact with any part of the growth. It is well known, however, that peculiar irritations of motor, or other nerve trunks, or their branches, which are supposed to contain inherently, or in close association, trophic influence, will oftentimes cause progressive or rapid atrophy of the tissues under their control. I believe that electricity, powerfully concentrated, as it is in this treatment, in passing through these tissues has oftentimes some such destructive effect on

these trophic nerves, or nerves which carry trophic influence, and thereby cut off the powers of nutrition in the tissues."

With the electrolytic action of the current all are more or less familiar, and little need be said. It depends upon the well-known property possessed by a current of electricity, upon being passed through a compound body, of resolving it into its constituent elements. "These freed elements," says Martin, "rush into new compounds which act as foreign bodies, and as such they are promptly removed by the nearest absorbents. 2. They make combinations with elements already leaving the tissues through minute vascular, or absorbent canals. 3. In the form of gas they pour into the atmosphere beneath and surrounding the electrodes. 4. They attack the electrodes and are disposed of in the form of deposit on their surfaces."

Upon these two actions, then, including the cataphoric (or direct transference of the fluid particles toward the negative pole), we relied for reduction in the size of our tumors, and upon this regression we based our hopes of the arrest of the hemorrhage. No galvano-puncture was necessary, in order to secure direct contact with the neoplasm, since the intra-uterine electrode could be applied directly to the growth through the dilated os.

The patient was soon able to bear from fifty to seventy milliampires, and a sensible regression of the growth followed, evidenced by a ready admission of the tip of the finger between it and the uterine wall. But the most pronounced and unexpected result of the treatment was the ever-increasing dilatation of the os uteri, and finally, within a few weeks—six, I think—the gradual expulsion of the entire neoplasm from the uterine cavity.

No restraining influence, however, was manifested upon the hemorrhage, which recurred every ten to fourteen days, or the hydrorrhea, which had by this time become excessive, saturating a dozen or more large napkins every twenty-four hours. The combined drain taxed the patient's resources to the utmost, but she bore it well, usually getting up for a few days between the hemorrhagic attacks.

The tumor thus exposed presented a mottled appearance, deep red muscular tissue alternating in patches $\frac{3}{4}$ of an inch

in diameter, with white fibrous patches of about the same size.

Its accessibility now presented the most inviting field for experiment and observation ; and the patient, in her dread and fear of an operation, would, I think, have preferred our efforts at electrical extirpation, had not the most profuse and prolonged attack of hemorrhage, which seriously threatened life, and from which she emerged greatly exsanguinated, forced upon us the necessity of resorting to surgical aid for the removal of the growth at once.

With this end in view, the patient, in the care of her husband, went to Buffalo, N. Y., and placed herself in the hands of Mathew D. Mann, of national fame and large experience in this branch of surgery. He gave her great encouragement, assuring her that the operation would be comparatively simple and entirely safe. Being ill at the time, I did not accompany them, and hence cannot give as definite an account of the operation as I could wish. I only know that a large hæmastatic clamp was applied to the pedicle, which was then severed by shears, from the tumor at its point of attachment. The pedicle was about two inches in length, and three-fourths of an inch in diameter. It looked as white as a piece of tallow, although containing blood vessels of no inconsiderable size. The tumor was four inches in diameter by three in thickness, being much the shape of a turnip, and weighed nearly one pound.

The anæsthetic and operation were apparently well sustained, but within twelve hours after the patient was put to bed, she was seized with severe rigors, which continued from one to two hours, being followed by the most profuse and prolonged perspiration, and pyæmia was fairly ushered in.

Believing that aconite would be my prescription during the chill, she insisted upon its administration every five minutes until perspiration ensued, but being in allopathic hands, obediently took in connection therewith large doses of quinine. Later much dependence was placed upon anti-febrine.

Day after day the temperature rose, until a maximum of 106° was attained. The liver was the organ selected for the

secondary deposit and pyæmic abscess, and within a week she presented the most completely jaundiced appearance possible to conceive. For a fortnight she hung between life and death, but at the end of that time began to show some encouraging symptoms; and eight weeks from the day of the operation she was able to be removed to her home, four hours by rail. Several months elapsed before she recovered her usual strength, but the following summer saw her in better health than she had experienced for years.

The point I wish to make is the expulsion of the tumor from the uterine cavity. This was, doubtless effected by the muscular contraction of the uterine wall under the application of the electrical current.

That this effect was not an isolated or exceptional one we had immediate proof. When Dr. Mann made his first examination of our patient he expressed much gratification at the relation of the growth to the surrounding parts, and also voiced a wish that another case he had on hand awaiting operation was in the same condition. According to his statement, the tumor of this patient was presenting at the slightly dilated os, exactly as that of ours had been when we resorted to electricity.

Upon learning our experience, he decided to defer that operation, borrowed our abdominal electrode and put the patient at once upon electrical treatment. Before our patient was out of the city he reported the tumor of his own case as low in the vaginal canal, as was that of our patient at the time of its removal.

Whether the operation was followed by like disastrous results I never learned, but suspected it would be, as the doctor declared that "septicæmia was dogging his footsteps at every turn."

Having small faith in spontaneous pyæmia, I had my own opinion in regard to the cause of the trouble, ascribing it, in spite of charity, to infected hands or instruments.

And it is upon this point that I would like especially to hear a full discussion, since the fate of so large a number of operative cases hinge upon it.

SCLEROSIS OF THE POSTERIOR COLUMNS, PROGRESSIVE LOCOMOTOR ATAXIA.

By S. L.

Symptoms: Absence of patellar tendon reflex; lancinating pains; paresis of bladder; paralysis of ocular muscles; myosis; rigidity of pupils; optic atrophy; sensory disturbances; analgesia, delayed conduction of pain; swaying and tottering when eyes are closed (Romberg); feeling of exhaustion; ataxia; sexual weakness; joint affection; gastric crises. Electricians have great faith in static electricity, alternating it off and on with the actual cautery to the spine. Ergot, nitrate of silver, atropine are recommended or given, but too often the disease steadily progresses to its fatal issue.

Boeninghausen—and there is, after Hahnemann, no more trustworthy authority in our school—speaks highly of *Alumina* in this disease; and Carroll Dunham prefers the pure metal, the Aluminium. Romberg—symptom: Inability to walk, except with the eyes fixed on the feet in open daylight, so that he can watch their movements, was known to this keen observer, though perhaps he did not know its pathological importance. He says the Alumina patient is of a quiet and resigned disposition—no wonder in this progressive disease he learns resignation. He has a sensation as if he would fall forwards, which he greatly fears, not from dizziness, for his mind is clear, but from the consciousness of the unsteadiness of his lower extremities; to which, with our present knowledge, we add the absence of the knee-jerk and other spinal reflexes; numbness of the heel on stepping upon the foot; great and tremulous lassitude of the body, especially after walking.

Argentum nitr.—Paralysis from exhausted nerve-force; lassitude of lower limbs; he does not know whereon he steps; paresis of bladder; he passes urine unconsciously and uninterruptedly; tendon reflexes diminished or absent; idiopathic atrophy of optic nerves; gastric crises with violent belching, which relieves; want of sexual desire; time passes slowly; aggravation from sweets; emaciation.

Belladonna (atropine). First stage tabes dorsalis—Loss of co-ordination in the muscles of upper and lower extremi-

ties; he raises the feet slowly and puts them down with force; cannot tell when the hands hold an object; when walking, he raises the legs as if he had to pass an obstacle.

Duboisin—Almost impossible to stand alone with eyes shut; sensation as if legs were unable to hold up body; staggering from one side to another when walking, but can go straight forward by watching his steps; tired feeling in limbs; paralysis of accommodation.

Conium—Bad effects from suppressed sexual desire, or from excessive indulgence; trembling; unpainful lameness; powerless sensation extending all over body; reeling when standing, and dragging his legs after him; papular eruptions; itching and burning.

Gelsemium—Fresh cases; strabismus; ptosis; sexual weakness; irritability of seminal vesicles; genitals cold and relaxed; paralysis of bladder with dribbling of urine; weakness in back and limbs, with sleepiness; loss of power in upper and lower extremities; staggering gait; numbness and lack of sensibility in extremities.

Graphites—*Tabes dorsalis*, especially in women, with great weakness in legs and back; weakness and heaviness in extremities, they fall asleep; jerking of muscles, numbness or torpor of genital organs; herpetic constitution.

Helleborus—Muscles do not act properly if the will is not strongly fixed upon their action; unsteady, feet weak, knees tottering; numbness of arms, with pricking and coldness.

Kali brom.—Inability to stand or walk; handwriting shaky and indistinct; limbs shake and bend under him.

Natrum mur.—Constipation; involuntary urination when walking; pruritus genitalium; jerking sensation in back and nape, extending toward head; backache, with general weariness, < lying down; paralytic condition of lower extremities.

Nux vom.—Paralysis of bladder with dribbling of urine, constipation from irregular spasmodic action of intestines; constriction and stiffness in back; spinal irritation with loss of power in extremities; unsteadiness of gait with dread of falling, sensation impaired, legs cold and livid.

Phosphor.—Ataxia and adynamia; weakness of mind and body, especially in the morning, as if he had not slept enough; numbness of whole body; with pricking sensations and anxious oppression; muscular asthenopia; scoliosis, tuberculosis.

Physostigma—On walking feeling of unsteadiness, he must keep his eyes on his feet so that he can see where his feet are; muscular tremors and lightning-like pains in extremities, followed by diminished reflexes and paralysis; blurred vision; languor and flatulency; tetanic symptoms during first stage.

Plumbum—Advanced stages of tabes, or rather of disseminated sclerosis: sclerosis from hypertrophy of connective types (silicea), especially in the root-zone; in the optic and third nerve; paroxysmal, lancinating, neuralgic pains, < at night; total loss of co-ordination; fornication; anesthesia and paralysis with atrophy in limbs, with fatty degeneration; pains > by pressure, < from least touch. Though praised for locomotor ataxia, the symptoms correspond more to other spinal troubles.

Rhus tox.—Rheumatic palsy; loss of power of co-ordination in lower extremities, staggers, steps higher than usual; soreness in every muscle with jerking, tearing pains in them; walking difficult, slow and shuffling.

Secale—Anxiety, sadness, depression; gentle creeping sensation in back, as if soft air was blowing through it; painful jerking of limbs at night; lassitude, heaviness and trembling of limbs; shuffling gait; fulgurating pains, absence of knee-jerk; ataxy; aversion to heat and to being covered.

Stramonium—Vertigo when walking in the dark, can only walk in the light; totters as if giddy; strabismus; muscles will not obey the will; limbs feel as if gone to sleep. Early stages.

Zincum—Cerebro-spinal exhaustion; great weakness of all the limbs, especially in lumbar region and bends of knees; burning along the spine; pains in last dorsal vertebræ; impotence.

IS THE MEDICAL MILLENIUM AT HAND?

BY C. W. BREYFOGLE, M. D.

Those members of our profession who have read Edward Bellamy's "Looking Backward" may be in that hopeful frame of mind which leads them to look upon the bright side of passing events, making them willing to assist in the good work of exchanging the sword for the olive branch of peace and bringing a cessation of the warring elements of professional life. To such, a few words by way of encouragement: For many decades Homœopathy and Allopathy have been at deadly strife, with acknowledged good in both and perfection in neither. Electicism has in a measure joined us, as an ally against the mightier enemy, for war purposes only and not as a friend. To all outside the actual participants in the contest, the struggle has been misunderstood and ordinarily inexplicable, to many really amusing. This because it is in such antagonism to that enlightened spirit of investigation, and even, in many instances, too ready adoption of new theories which characterizes this nineteenth century. The refusal to even fairly investigate the principles of Homœopathy, and the high position of autocratic authority which Allopathy exhibited in its open and fierce denunciation, compelled the adoption of a distinctive name and position, instead of all truth being merged into the one noble title of physician. We have lived and thrived, and the truth has been established. Thus much for the facts of history. At this last of the century, what of the results and the future outlook?

After a quarter of a century spent in professional life, during which time I have borne my full share in the struggle (as my California friends can testify), I have been spending the winter in New York City in attendance at the Polyclinic—a post-graduate school—in special study, and these questions have been presented to me in a light so very different to that of a few years ago that I feel it to be a duty to give you my impressions. Let me say here that there is a very great need of a post-graduate school of our own. There are two here of the old school, each treating an average of 20,000 cases yearly, and presenting a clinical material of

incalculable value to the general practitioner or to one who desires to acquire special knowledge. I do not expect to find any better in the schools of Europe, whither I sail this month. Our men are compelled to attend these schools for lack of any of our own. Still, if present indications are sufficient for a prognosis, a solution—and a happy one—may come in the establishment of a chair of homœopathic therapeutics in these same institutions at no very distant day. Already, upon the library tables in both these colleges, are found the best journals of our school, and they are read, too. Professors and physicians in attendance are uniformly courteous to us, treating us always as they do those of their own profession, taking occasion to assert their condemnation of the old regime of intolerance and ostracism, and mentioning homœopathy courteously in their lectures when mentioning it at all. A few days since a professor was lecturing upon croup. He said, “Gentlemen, I do not believe that the law of *similia similibus curantur* is adopted to all cases, but I believe in learning from every possible source how “to cure my patient” (general applause from the seventy in attendance) “and as I have used long and successfully a prescription given me by a friend who practices homœopathy, I want to commend it to you,” and he told us of aconite and spongia. How long since he would have been called to a strict account for such heresy, not for *using* aconite and spongia, but for giving the authority for the prescription instead of stealing it and proclaiming it as original.

At the last meeting of the New York State Medical Society (old school), held at Albany, February 3-6, a resolution was unanimously passed that the Society recommend that the medical schools throughout the State add the study of Homœopathy to their respective courses. In an endeavor to prevent Messrs. Boericke and Tafel from practicing pharmacy without having obtained a license from the Board of Pharmacy, in accordance with the State law, the representative of the Board dismissed the case, and the comments of the *New York World* upon it were: “It is an evidence of a liberal and tolerant spirit on the part of the Board of Pharmacy, and of harmony between the two

schools of medicine in future." And now I ask, does not this indicate that a very different feeling obtains and that the long warfare is drawing to a close, so far as its bitterness and want of charity are concerned. The question is, how will we meet it? I cannot agree with those who say this is only trickery. Let us assume every man to be honest until he has been proven dishonest. If they desire to teach Homœopathy, let us recommend the very best men we have—men of education, physicians in the truest sense of the word, whom we can rely upon to do justice to them and to us. I have had more than one student in the Polyclinic ask me what of our works upon therapeutics he should buy to obtain a knowledge of our principles, and among them old practitioners, too. The time has passed for Allopathy to deny our success or to refuse recognition of the influence we have had upon their practice and the many valuable remedies our materia medica has furnished them. The time has passed for us to assert that their school has done nothing for the advancement of medical science. If any man in the community should be manly in a large sense, it is he who has attained to the dignity of the medical profession—a profession sacred in its character and responsibility, eschewing everything small, sordid or unmanly, and ready to throw the mantle of charity over all men's deeds because so fully conscious of his own fallibility. In this spirit, then, as men, as earnest seekers after any and all helps for suffering humanity, willing and anxious to do our whole duty to our patients, let us meet our long time opponents, to give them of our knowledge and receive what they may give of theirs, meeting hereafter as brethren with the one common aim of *the saving of human life*.

Good speed the medical millenium!

New York, March 1, 1890.

Passiflora seems to be especially adapted to derangements of the nervous system, as neuralgia, tetanus, chorea, insomnia. For the nervous, restless, excited or wakeful condition found in so many affections, it has a wonderfully soothing effect—many of its symptoms are similar to cactus.

DIARRHŒA.

BY DR. GEO. WIGG, EAST PORTLAND, OREGON.

Graphites—Pappy half digested brown stools of a most atrocious odor.

Iris Ver—Stools tinged with bile in a continuous stream; green, undigested, mushy, pappy, bloody mucous, straining; burning in anus and rectum after stool; black with fever; hot sweat; white tongue.

Jalap—Stools very dark, very offensive, and of gruelly consistence; much griping and some tenesmus.

Sulph.—Diarrhœa caused by drinking beer; use 82,000.

Oxalic Acid—Frequent ineffectual urging to stool, preceded by a sick distressed feeling from the naval downwards; worse when thinking of it, and from drinking coffee; sugar aggravates pain in stomach, and wine causes headache.

Sulph.—Diarrhœa in the morning, with red line around the anus.

Oleander—Evacuations of scanty, thin, watery stools, with burning in the anus before and after stool.

Allium cepa—Diarrhœa after midnight or toward morning; offensive flatus; fissures in anus. If you do not believe it, try it.

Ophthalmology and Otology.

CONDUCTED BY H. C. FRENCH, M. D.

CONJUNCTIVITIES.

The ocular conjunctiva is a loose vascular membrane beginning at the free margin of the lids. From its junction with the integument, it is reflected over the inner surface of the lid to the fornix, where it is reflected upon the eyeball, forming the superior and inferior palpebral or retrotarsal folds. It passes forward over the globe, slightly crossing the mar-

gin of the cornea (limbus). It is also continuous with the mucus lining of the meibomian glands, canaliculi, lachrymal sac and nasal duct, entering through the lachrymal ducts into the lachrymal gland. Its framework of loose connective tissue is covered by a cellular epithelium which presents papillæ and fine follicular and conglomerate glands. The bulbar portion is thin and loosely attached to the globe, and has few papillæ, and no glands. Its blood vessels, chiefly derived from the palpebral and lachrymal arteries, form a thick network communicating indirectly at the corneal margin, through the episcleral vessels, with the ciliary system beneath. Lymphatics are numerous, surrounding, in a close network, the margin of the cornea. The nerves are derived from the fifth pair, entering at the inner and outer angles of the eye. They form a thick plexus of medullated fibres spreading out under the epithelium and ending in free club-shaped expansions.

A glimpse at the anatomy of the conjunctiva shows its strong predisposition to vascular engorgements. Rich in vessels, with no muscular support to their attenuated walls, we can readily understand how suddenly, and from the slightest irritation, this delicate membrane is subject to alarming congestions and consequent inflammations. Much ambiguity has attended the efforts of the profession thus far to classify the different forms of conjunctivitis, and elaboration has only added to the confusion. Our Nosology will be vastly simplified when we come to the point of allowing diseases to name themselves. The frequent and varied blending of the different types of conjunctivitis renders any dogmatic and exclusive classification impossible.

CATARRHAL CONJUNCTIVITIS.—This most common form of eye trouble may present any degree of change, from the merest catarrhal hyperæmia to destructive inflammation.

Symptoms—Feeling as of grit in the eye. Smarting, itching or burning, and, in severe cases, especially those of traumatic origin, neuralgia affecting the course of the fifth pair of cranial nerves. There may or may not be photophobia. The vessels become large and tortuous; there is lachrymation more or less profuse and hot, sometimes watery,

later becoming mucous, or muco-purulent. And often sympathetic nasal catarrh. The conjunctiva will present a red and velvety appearance, swollen and cedematous, frequently showing ecchymosed patches, the integument of the lid often becoming puffy, red or purple from venous engorgement, and the lids will be found agglutinated in the morning.

Etiology.—Hereditary predisposition is strikingly present in these cases, and the inclination may also be found in anæmia, or a strumous taint of the subject, in some error of refraction, or straining the eyes from over use. Among the exciting causes may be named exposure to cold or dampness, mechanical injuries, the effects of escharotics, such as lime acids, etc., the presence of a foreign body in the eye, contagion from unclean hands, filthy towels, or similar agencies, and bad hygienic surrounding.

Diagnosis.—No trouble will be experienced in the diagnosis. The only diseases with which it is likely to be confounded are iritis or keratitis; but the severe pain and marked photophobia of those maladies will be absent, and the normal luster of the cornea and iris will be maintained.

Prognosis.—This is favorable, with proper treatment, from the beginning.

Treatment.—Study well the symptoms, the character of the secretions, times of aggravation, then prescribe homœopathically, and little trouble will be experienced in the cure. No disease in the whole catalogue of eye troubles is so often overtreated as the one under discussion, and especially is this true in relation to the topical treatment. Eyes differ greatly in their susceptibility to local agents, hence, it is much better to do nothing than to risk the possibility of awaking a needless inflammation by the use of heroic measures. If confident of your diagnosis, and sure that there are no corneal complications, mild astringent collyria will be found important adjuvants to the internal remedies. The following formulæ will be found of value.

No. 1. Rx.	Hydrast in mur.....	Gr. 5 iij
	Zinci sulph.....	Gr. j
	Rose water.....	℥ ii
	Distilled water.....	25 for ℥i

M. Sig: a drop or two in the affected eye every four to six hours.

Colleges and Hospitals.

The President of the American Institute of Homœopathy, Dr. Alfred I. Sawyer, has issued a circular announcing the next annual meeting to be held on June 16th, at the Fountain-Spring House, Waukesha, Wisconsin. Quite a number of papers to be read at the meeting are already announced, and others are in preparation. We notice the following, which are sure to be valuable contributions: "Albuminuria," by J. N. Eckel, M. D.; "Obstetric Medication," by Geo. B. Peck, M. D.; "The Physiology of the Epiglottis," by H. F. Ivins, M. D.; "Notes Upon Kali Phosph," by Wm. H. Leonard, M. D.; "The Artificial Philosophy," by E. H. Pratt, M. D.; "The Treatment of Melancholia, Dietetical and Therapeutical, together with Observations on the Benefits of Rest and Bathing in the Restoration of those Afflicted with Mental Depression," by Selden H. Talcott, M. D.; "The Use of Homœopathic Remedies in Glaucoma," by H. H. Crippen, M. D.; "Sudden Death in the Puerperal State," by L. L. Danforth, M. D.; "Nephritis in Infants," by J. M. Schley, M. D.; "Experience with Kali Phos.," by Sarah N. Smith, M. D.; "Provings and Remarks upon Kali Phos.," by Edward Cranch, M. D.; "The Treatment of Hemiplegia," by J. Martine Kershaw, M. D.; "The Differential Diagnosis between the Phosphates," by S. Lilienthal, M. D. At the coming session, definite and final action must be had preparatory to the International Homœopathic Congress, which should be of vital interest to all physicians of our school, more especially to those who are members of the American Institute of Homœopathy, whether of longer or shorter membership.

OREGON.

THE Homœopathic Medical Society of the State of Oregon has elected the following officers for 1890: George Wigg, M. D., President; B. E. Miller, M. D., First Vice-President; E. C. Brown, M. D., Second Vice-President; S. L. King, M. D., Recording Secretary; Emma J. Welty, M. D.,

Corresponding Secretary; O. Royal, M. D., Treasurer; Board of Censors—Drs. C. E. Geiger, B. E. Miller, Emma J. Welty, A. S. Nichols, L. Henderson.

BUREAUX FOR 1890—1. Sanitary Science, L. Henderson, S. A. Brown. 2. Surgery, S. L. Nichols, C. E. Geiger. 3. Pædology, E. J. Welty, H. B. Drake. 4. Obstetrics, K. L. Miller, Z. B. Nichols. 5. Ophthalmology, E. C. Brown, C. R. Rollins. 6. Clinical Medicine, W. Geiger, C. B. Charlton. 7. Climatology, S. L. King, S. R. Jessup. 8. Meteorology, A. Pohl. *To the Members of the Bureaux:*—I would urge each one of you to be active and prepare a concise, practical paper for the next annual meeting. Remember, life's day is short. Thy work will soon be done.

Voluntary papers on medical subjects from any Homœopathist will be gladly received and duly presented before the next annual meeting; which will be held in Portland, on the second Tuesday in May, 1890.

THE INSTITUTE SESSION OF 1890.

EDITOR CALIFORNIA HOMŒOPATH—As already announced by circular to the members of the American Institute of Homœopathy, the next annual session of this body will be held at the "Fountain Spring House" Waukesha, Wisconsin, commencing at 7:30 P. M., on Monday, June 16th, and closing on Friday, June 20th, 1890.

Waukesha—"The Saratoga of the West" famous for its "Bethesda," "Silurian," "Fountain," "Clysmic and other mineral springs, is a town of 6000 inhabitants, situated about 100 miles north of Chicago; and 20 miles west of Milwaukee, and directly on important lines of railroad. The hotel in which the session will be held, is an immense stone and brick structure capable of accommodating 800 guests, and furnished with all modern conveniences. It is situated in a beautiful park of 155 acres, laid out with drives, shaded walks, flower gardens, etc., while the town itself presents numerous attractions to visitors in search of either health or pleasure.

The local Committee of Arrangements is making provision for the comfort and enjoyment of those who may attend the

session, such as to render the occasion one of the most memorable in the Institute's history. Under the new rule the bureaus will present a far greater variety of subjects for discussion than heretofore, and the papers will embrace more of the observation and experience of their writers. Important subjects of professional interest will be introduced and acted upon, and interesting reports will be presented by several committees.

Any paper, after being presented at the session, may be published in the journals at the discretion of its writer. With a view to such outside publication, writers are especially requested to have their papers prepared *in duplicate*.

Officers of homœopathic societies and institutions are urged to make prompt reports (on blanks which will shortly be sent to them) to the Bureau of Organization, Registration and Statistics. All hospitals and dispensaries so reporting, will receive a pamphlet copy of the entire statistical report of the Institute.

It is desirable that the Institute should receive this year, another large accession to its membership, particularly from the West and Northwest, in order to secure a more equal apportionment of membership as between the East and the West, and to augment the influence of our school in shaping legislation and defending the equal rights of homœopathists in public institutions, appointments, etc. It has been suggested that each state and local society should provide for a complete canvass of its membership in order to secure for itself a larger representation in the membership of the National Society. The initiation fee is \$2.00. Annual dues \$5.00, entitling the member to the annual volume of transactions. Blank applications for membership can be obtained from the undersigned.

The annual circular, giving full details of the session—the programme, railroad fares, hotel rates, etc., will be issued in May. Any physician failing to receive a copy by May 25th can obtain it on application to

PEMBERTON DUDLEY,
General Secretary, Southwest corner 15th and Master streets,
Philadelphia.

Editorial Notes.

AN ALLOPATHIC KICKER.

Dr. R. G. Eccles has broken loose again. This time in a long-winded communication to the *Druggists' Circular*, in which, as usual, the Homœopaths of the country are scorched and withered by the burning sarcasm of his mighty pen. An article by Dr. Samuel Swan in the March number of the *Homœopathic Physician* is the cause of the trouble, and several columns of the *Druggists' Circular* are filled with the frothing and fuming of Dr. Eccles' misdirected genius, in which personal abuse supplies the place of argument, and adolescent yawp does duty as a manly statement of facts. Our crowded pages will not permit of an extended reference to the article in question, and indeed, if its value to medical literature is considered, three lines should effectually dispose of Dr. Eccles' pretensions as a writer. In his attempt to ridicule Homœopathy, Dr. Eccles has ignorantly elevated Dr. Swan to a position among physicians of that school which will certainly be a surprise to his contemporaries. "He (Swan) is a leading light and high moral reformer of homœopathy, whose following is so strong that he is looked upon as a lion among the worshipers at the Hahnemannian shrine." When Dr. Eccles says this he states what every homœopathic physician who has ever heard of Swan knows to be absolutely false. He is in no sense even a fair representative of the teachings of our school, and commands less respect than almost any other man who might be cited. Personally we have no fight with Dr. Swan nor the peculiar opinions held by him, but we know, and every well-informed homœopathic physician is aware, that his following is not strong, and that when this man Eccles makes such a statement he either ignorantly or willfully says what is untrue, and that his arguments deduced from such premises are as false as they are ridiculous. Through all the four dreary columns to which Eccles has had the nerve to attach his signature, there is not one single argument against the homœopathic law, nor one statement worthy of serious considera-

tion. We would offer, as a bit of gratuitous advice, which we fear Eccles will never be in a position to accept, that the next time he feels called upon to rush into print he should acquire at least some little knowledge of the subject he intends to write upon.

C. L. TISDALE, M. D.

Personals.

DR. E. W. WEIRICH has located at 718 Valencia street, Hillenbrand Hotel. Hours, 12 to 1 and 7 to 8 P. M.

DR. SPRANGER, the leading physician of Detroit, is on a visit to this city and may ultimately settle on this coast.

DR. W. E. ALUMBAUGH, of Vacaville, is doing well in that beautiful town. He has coralled the cream of the business.

DR. A. J. PATTERSON, of San Diego, has been appointed a member of the medical staff of the Good Samaritan Hospital of that city.

THE *Journal of Homœopathics*, published by H. HITCHCOCK, M. D., New York, is to be enlarged with volume two. Subscription \$5.00 in advance. It is the representative pure Hahnemannian journal and ought to receive encouragement. Send on your subscription.

DR. SAMUEL S. GUY, of Visalia, was on a visit to this city. The doctor is well and has been doing splended work for our cause in his part of the country. The doctor will be remembered as the author of a series of interesting and philosophical articles in last volume of the CALIFORNIA HOMŒOPATH. They were discontinued because in the disconnected form of monthly installments much of their interest was lost. We understand that they will probably be published in book form at some future time, the only form suitable to the dignity of the doctor's productions.

Psorinum is the remedy when there is lack of vital energy, want of reaction, and great prostration, both of mind and body. Distress in breathing, cardiac weakness and skin eruptions are guiding symptoms.

Arsenic I find very useful for inflammation in the lining membrane of the womb.—*Prof. Streeter.*



Book Reviews.

Proceedings of the 25th Annual Session of the Homœopathic Medical Society of the State of Ohio; held at Cincinnati, May 14th, 1889, Cleveland, 1889.

Some very excellent work is evidently being done by our Ohio brethren, judging from the published proceedings that appear annually. The present volume compares very favorably with the preceding ones. The Bureau of Sanitary Science reports fully on subjects of general interest, such as the necessity for pure drinking water, with adulteration, sewerage disposal, etc. The Bureau of Paedology and Clinical Medicine and Nervous Diseases deserve special mention for excellent papers, extracts from which will appear in the pages of the Homœopath.

Practical Electricity in Medicine and Surgery. By G. A. LIEBIG, Jr., Ph. D., and G. H. ROHE, M. D. F. A. Davis, Philadelphia, 1890.

Works on electricity in medicine are multiplying very rapidly, but this latest contribution to this department of literature seems admirably adapted to serve as a text-book to the student and guide to the general practitioner. It is profusely illustrated with numerous cuts, but only those of Part I being new, however. The subject of electro-static machines, of batteries etc., is treated at length, and particular attention seems to be paid to the practical parts of medical electricity; and it is free from unnecessary technicalities and too much theory, a common objection to similar publications. We can commend the volume as an intelligible account of the science of electricity, and a trustworthy guide to its applications in the practice of medicine and surgery.

Spinal Concussion, surgically considered as a cause of spinal injury, and neurologically restricted to a certain symptom group, for which is suggested the designation Erichsen's Disease, as one form of the traumatic remorses. By S. V. CLEVENGER, M. D., with thirty wood-engravings. Philadelphia and London: F. A. Davis, 1889.

Anomalies of the Ocular Muscles. Third paper. By Dr. GEO. T. STEVENS, New York. Reprinted from the archives of ophthalmology, No. 4, 1889.

Sanitary Entombment; the ideal disposition of the dead. By REV. CHAS. R. TREAT. Reprinted from the *Sanitarian*, December 1889.

Modern Methods of Local Treatment in Skin Diseases. New York, Johnson & Johnson.

THE Thirty-first Annual Commencement exercises of the Homœopathic Medical College of Missouri was held on March 13, 1890.

Selections.

THE DANGERS OF HYPNOTISM.

In spite of the many astonishing results that have been obtained through hypnotic treatment, we nevertheless must beware of anticipating more than it really can be expected to achieve. It is perhaps natural that the idea of rest should act soothingly upon the nerves, but still we must not imagine that the illusion that we hear well will cure deafness, or the illusion that we possess excellent eyesight will remove the blindness of a cataract. A correct view of the nature of ideas will guard us from erroneous expectations of this kind, and physicians therefore will have to limit the application of psychical means (and especially of hypnotism and suggestion) to such physiological conditions as can directly, or at least indirectly, be reached and influenced by psychical methods. Psychical cures, accordingly, must be restricted in the main to nervous diseases.

We consider it as our duty on this occasion to caution against the abuse of hypnotism that is frequently practiced by half-scientific people and sometimes even by prominent physicians. Hypnotism, as a means of cure, should be employed as little as possible, and in such cases only where natural sleep cannot be produced; and even then it must be employed with discretion.

Dr. Luys reports several cases in which patients hopelessly ill have been restored to health by the application of hypnotism. He speaks, for example, of a man who had been debilitated by insomnia. His digestion was impaired, his walk tottering, the nervous system prostrated, and his entire constitution was undermined. He had been given up by several physicians. Dr. Luys treated him several times in vain, but finally with success. The patient improved perceptibly, and soon was perfectly cured. To cure nervous diseases that are caused by insomnia, in fact, seems to me the main purpose to which hypnosis can profitably be applied.

There are also reported cases of inveterate vices and evil

habits, (for instance dipsomania,) that are said to have been completely cured by means of hypnotic suggestion. And the applicability of hypnosis in certain desperate cases, when all other expedients have failed, may under exceptional conditions likewise be justified.

The rotating mirror invented by Dr. Luys seems to be the best and least injurious means of producing artificial sleep. It is an instrument with two wings not unlike the automatic fly-fan, only much smaller and studded with small glittering pieces of glass. The wings are fixed upon a pin, which when wound up sets them into a rapid revolving motion. The patient being comfortably seated in an arm-chair, is requested to stare at the mirror. The giddily rapid, monotonous rotation by and by tires the eyes and produces a feeling of fatigue, so that the patient is soon very likely to fall asleep.

It is more than doubtful whether the anæsthesia of the cataleptic condition should be employed in operations. Narcotics have hitherto proved by far more reliable and less injurious.

It does not seem advisable to employ the cataleptic state in cases of childbirth, as Dr. Luys and other French physicians have done. To be prepared for the occasion, it is necessary that many weeks previous to her confinement, the woman be hypnotized daily. If this were not done, the hypnosis would most likely not succeed at the critical moment. But this exemption from the throes of a few painful hours are bought at an exorbitant price! We have to consider that henceforth throughout the whole life the woman will remain predisposed to hypnotic states. And still worse; a fatal germ of the same predisposition is most probably implanted in the infant born.

A predisposition to hypnotism, at all events, must be regarded as one of the most dangerous kinds of disease. It is an extremely serious misfortune. A predisposition to hypnosis is a diseased, abnormal state of the nerves. Individuals who either by nature or through artificial methods possess a predisposition of this kind, are but to a limited degree their own masters. Not only the hypnotizer himself has an absolute control over them, but every stranger, by

skillful manipulation, may influence their soul-life, and can render them serviceable to his private ends.

It is maintained by some hypnotizers that encroachments of this sort can be prevented, by imparting to the subject the suggestion, that he should not submit to be hypnotized by any one but his own hypnotizer or physician. But, as a matter of fact, every suggestion can be counteracted or modified by another suggestion. An imposter might easily introduce himself as the physician's deputy, and there are a hundred other means at his disposal. Once having been admitted into the confidence of the subject, he will quickly usurp the entire control over his or her soul.

We certainly should regard it as a national calamity if the majority of a people had acquired a predisposition to hypnotism. The independence of individuals would be destroyed, for that trait consists in the capacity to resist obnoxious suggestions. It is generally admitted by all psychologists that hypnotism affords an easy means for criminals safely to commit their crimes through unconscious middle-men as instruments of the deed. The danger of hypnotism is increased by the possibility of "timing" the execution of a post-hypnotic suggestion. Forel says upon the subject:

"The enormous importance of suggestion at appointed time or 'à l'échéance' is manifest. We are able for a definite period of time to predetermine the thoughts and resolutions of hypnotized subjects when the hypnotizer himself is no longer present; in addition one can give to the suggestion the appearance of a free decision of the will. One is further able to suggest to the hypnotized subject the belief that the impulse did not come from the hypnotizer. Nay, with highly suggestible people we are even able successfully to suggest the total amnesia of the hypnotization: 'You have never been hypnotized,' we may say, 'if you are asked, swear before God that in all your life you have never once been hypnotized; I myself have never hypnotized you.'

"I am perfectly aware that in this consists perhaps the most appalling danger of hypnotism in the administration of criminal justice."

The dangers to which hypnotic subjects are exposed in

the respect that they may become instruments of crime in the hands of unscrupulous criminals, great though they may be, are trifles compared to the dangers arising from their own auto-suggestions. Hypnotic subjects cease to be able to control their own ideas. Hallucinations may come to them at any moment, and lead them to crimes or to follies of all kinds.

Dr. Luys, who, if he is partial, is rather prejudiced in favor of hypnotism, says:

“Hypnotized subjects, by the very fact that they are under the influence of a quite special mental state, or even subjects that are neuropathic by nature, are apt to present this strange phenomenon, that through the automatic action of the cells of their brains they will produce truly autogenetic suggestions, just as insane persons are seen to create fixed and spontaneous ideas. At one time they will tell you that they have met with some extraordinary experience, have received some strange proposals, are acquainted with persons of high social standing; or else they will accuse some acquaintance of their circle of having spread abroad slander, of robbing, or of seeking to wrong them. Still, all these denunciations are made with a mien of absolute sincerity, and if one did not know such subjects from their peculiar psychological point of view, one might really be tempted to lend faith to their statements. It is precisely mental habits of this kind that frequently cause the society of hypnotic subjects to prove so irksome and well-nigh unendurable in the wards of public hospitals.

“This likewise constitutes a point of contact of hypnotism with insanity, because these cases of suggestions very frequently are produced either by sensorial illusions or by persistent hallucinations, and from this point of view hypnotic subjects present the exact state of mind of persons laboring under the hallucination of persecution.”

The dangers arising from auto-suggestion and self-hypnotization are confirmed almost by every one who is familiar with the subject. Professor Lombroso,* of Turin, reports among many other instances the following case:

*See Frederik Björnström, *Hypnotism*, Humboldt Library, No. 113, p. 123.

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“An artillery officer who was hypnotized at a public seance afterwards became almost insane. From time to time he had attacks of spontaneous hypnotism at the sight of any shining object. He would follow a carriage lamp in the street as though spell-bound. One evening, if his fellow-officer had not saved him, he would have been crushed to death by going directly towards an approaching carriage. A violent hysterical crisis followed this, and the man had to take to his bed.”

The whole purpose of a liberal education consists in the freedom, independence and self-reliance of the individual. Accordingly we can observe that in countries where men and women are raised with a love of liberty and independence there are comparatively few symptoms of hypnotism. In countries where children are brought up to become mere instruments in the hands of priests, the inclination to hypnosis is comparatively strong. Let us not increase the natural tendency of weak characters to allow themselves to be guided blindly; and therefore let us be careful to avoid the dangers of hypnotism.

The growing generation should learn neither to shut out new ideas nor indiscriminately to accept them, but to receive them with critique and to arrange them in proper order in the storehouse of general knowledge. This is necessary above all in a republic in which every citizen is called upon to take part in the government of the state, in the election of the authorities, and in the framing of the laws.—*P. C. in The Open Court.*

NOTES FROM PROF. J. C. WOOD'S LECTURES AT ANN ARBOR.

There are more diseases in women arising from sexual irregularities than from any other one cause. Undoubtedly there are some diseases which are cured by puberty, but not so many as we are led to believe.

Cancer of the uterus never, or seldom, appears in women who have not borne children or gone through an abortion.

Pregnancy is about the only cure for a case of acute or chronic ovaritis.

Amenorrhœa is not a disease, but a symptom.

The stomach is probably more frequently affected, in a reflex way, than any other organ in the body.

A persistent or recurrent pain in the top of the head, or in the occiput, is said to be pathognomonic of uterine disease.

If irritation of the spinal cord be due to Amenia, the patient will be relieved by a recumbent position; if due to congestion of the spine, it will be increased by assuming this position.

A vicarious, smarting, corrosive leucorrhœa indicates that the uterus is in the last stages of inflammation.

A peculiar discharge, resembling meat washings, accompanying uterine hemorrhages, is indicative of sarcoma.

Physiologically and pathologically the pelvic viscera are a unit; let one function of the generative organ become involved, and all others participate.

Clinical Items.

CALCAREA FLUORICA IN INDURATIONS.—Chas. D. had been under allopathic treatment for two weeks for typhlitis, and when called I found him very much reduced, suffering extreme pain. Palpation discovered a tumor extending from the cecum to the inferior border of the liver, hard from induration and very sensitive. I found him lying upon the right side with the leg flexed upon the abdomen to relax the abdominal muscles. This position mitigated the severity of the pain. The indicated remedies were given for the acute symptoms, among which *Rhus tox* was the most important, but the absorption of the induration threatened to be a stumbling block to recovery, and an old allopathic physician declared that an abscess would result; but under *Calcarea Fluor. 3x*, a small powder dry upon tongue every two hours, the induration was rapidly absorbed, and a speedy recovery of an almost hopeless case was the result.—*G. P. Hale, M. D., Memphis, Mich.*

THE GERM THEORY.—Patient, scientific investigation has done much toward the elucidation of the germ theory of late, and as fact after fact is established concerning the behavior of disease-germs, the subject retreats from the domain of theory and rests upon the foundation of absolute certainty. That we are surrounded by micro-organisms of disease of some kind at all times, and so rarely succumb to their influence, is explained by the fact that the human body contains, in either its own fluids or cells, substances which may destroy or throw off the invading germs. And again, as disease-germs are not themselves injurious, but produce their evil effects through chemical poisons generated in their growth, they must have favorable soil for their development, else these poisons cannot be formed, and the germ is harmless. The fact that concentrated solutions of these poisons will render the germs themselves inert has led to attempts at their isolation with a view of obtaining substances by which inoculation would confer protection against infectious diseases without producing ill effects themselves. This has been done for anthrax, one of the most virulent, and at the same time best established germ disease, by Mr. Hankins, who isolated an albumose from anthrax cultures, which conferred protection against anthrax. This is one of the most important and far-reaching discoveries of the age, and it opens a field which it would be Utopian to consider.—*Memphis Journal of Medical Sciences*.

Carbolic acid has smoky urine (also terebinthina) useful in post scarlatinal nephritis.

Lac can. shares the honors with *phytolacca* in mastitis. Both breasts are acted upon by the remedy; there is much soreness, fullness and pain, general aggravation of symptoms in evening.

Euphrasia is almost a panacea in the local treatment of muco-purulent ophthalmia, when there is much tenacious, stringy mucous, matter floats over the eye, external canthi red and excoriated.

Lilium is one of our best remedies for mental disturbances in women troubled with uterine affections.